

NOTICE OF INTENT Plan Summary Review For Custom Erosion and Sediment Control Plans

Use This Form When Not Using the Web or Paper ('In Lieu of Web") Submittals Because of Custom-Designed Plans That Do Not Follow RUSLE Calculations

Do Not Use This Form For Plans That Satisfy the Requirements of Comm 60 Using the RUSLE Calculator Available via Web Submittal

NOTE: Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m), Stats.]

Return completed form to And plan submittal to:

DEPARTMENT OF COMMERCE SAFETY & BUILDINGS DIVISION 201 W. Washington Ave 53703

P.O. Box 7162 Madison, WI 53707-7162

608-266-3151 Fax: 608-267-9566 TDD 608-264-8777

Complete the following Plan Summary Review Application and Notice of Intent . <u>After developing an erosion control plan</u> according to Comm 60 and a long-term storm water management plan according to NR 216.47, submit <u>completed</u> application form and a minimum of three copies of the complete Erosion and Sediment Control Plan Summary to the address shown above. Summaries must clearly describe and demonstrate how the methodologies proposed for the site will meet the erosion and sediment control standards established in Comm 60 Wis. Adm Code.

<u>NOTE</u>: Earth disturbing activities can not commence on the site until the Department has completed the review and approval of this plan summary submittal for conformance with the erosion and sediment control standards established in Comm 60 Wis. Adm Code.

Construction Site Information	2. Type of Project – Fill	in all known information				
Total Estimated Disturbed AreaAcres	Project/Site Name					
Anticipated Construction Start Date	Number & Street/Legal De	escription				
Anticipated Construction End Date	·					
Nearest named receiving water body	County () City () Village () Town of					
3. Complete the following designer/owner/requesting information. Utilize the check boxes when designer, owner or requesting party is the same to avoid repeating information. Attach additional copy of this page if there are more customers.						
Owner Information (Customer 1)		Supervising Professional (Customer 3)				
First Name Last Name	Customer Number	First Name	Last Name	Customer Number		
Company Name	Company Name					
Address		Address				
City State	Zip+4 (9 digits)	City	State	Zip+4 (9 digits)		
Phone Number (area code) Fax	e-mail	Phone Number (area code)	Fax	e-mail		
Check others if applicable () Supervising Professional A/E #	() Designer	Check others if applicable: () Supervising Professional	A/E #	() Designer		

Designer Information (Customer 2)			REQUIRED SIGNATURES		
First Name Last N	ame C	Customer Number	Stormwater Requirements:		
Company Name			Stormwater plan requirements. Owner must sign the following verification statement.		
Address			I verify that a long-term stormwater management		
City	State	Zip+4 (9 digits)	plan meeting the requirements set forth in NR 216.47 has been developed and will be implemented.		
Phone Number (area code)	ax e	-mail	Signature Date		
Check others if applicable: () Supervising Professional A/E #					
Describe the reasons for NOI submittal via Custom Plan Summary Review rather than web submittal.					
Describe the soil and sediment control methodologies proposed for the purpose of satisfying the standards established in					
Comm 60 Wis. Adm. Code.					
FEES: • Submittal Fee (required for each and	every separa	ate submittal)	\$100.00		
Miscellaneous Review Fee			\$200.00		
Notice of Intent fee					
Additional fees (if necessary) @ \$60.00/hour					
Total Fees submitted					